

Colorado Department of Health Care Policy & Financing



Our Mission:

Improving health care access
and outcomes for the **people**
we serve while demonstrating sound
stewardship of financial resources



Guiding Principles

- Be good stewards of public resources
- Build a person centered culture of care and coverage
 - Caregiver to direct and controls whom, how, and when services are provided
- Streamline/ simplify whenever possible
- Ensure access and continuity of care
 - Urban and Rural
- Strengthen partnerships
- Improve health outcomes



Coverage

- Medicaid expansions up to 133% of poverty
 - Medicaid Expansion: The Right Choice for Colorado (SB13-200)
 - Expansion allows Medicaid to cover more than 160,000 additional Coloradans
- Subsidies for premiums and copays in the marketplace for individuals
 - Open Enrollment runs from October through March 2014
- Tax credits for businesses
- Investments in workforce and clinic capacity



Coverage

Insurance reforms

Insurance Accountability

2010	2014
<ul style="list-style-type: none">● Dependent care coverage for adult children to age 26● No pre-existing conditions exclusions for children● No lifetime limits● No rescissions● Medical Loss Ratio to 80% ind. market and 85% large group market (2010 reporting, 2011 rebates)● Preventive care without copays	<ul style="list-style-type: none">● No annual limits● Guaranteed issue● Guaranteed renewability● No gender rating● No health status rating● Age rating 3:1; Geographic variation; tobacco rating 1.15:1

What is Connect for Health Colorado?

An open, **competitive marketplace** for individuals and small employers to:

- **Compare** information regarding cost and quality
- **Shop** health plan features containing the same base benefits
- **Determine** eligibility for and **access** new federal financial assistance, based on income
- **Call, chat or sit down** with trained representatives for help
- **Enroll** in a health plan

Essential Health Benefits

Health plans sold to individuals and small businesses inside and outside of the marketplace will provide, at a minimum, the following categories of services:

- Ambulatory patient services
- Emergency Services
- Hospitalization
- Maternity/newborn care
- Mental health/substance abuse
- Prescription drugs
- Rehab/habilitative services and devices
- Laboratory services
- Preventive and wellness care/chronic disease management
- Pediatric services, including oral and vision care

Cost reduction for Individuals & Families

Financial help to reduce the cost of premiums (134% - 400% FPL)

- Individual earning between \$15,856 to \$45,960/year
- Couple earning between \$21,404 to \$62,040/year
- Family of four earning \$32,499 to \$94,200/year
 - Tax credit applied up-front by IRS
 - Tax credit is higher for Coloradans ages 55-64

Financial help to reduce out of pocket costs (co-pays and deductibles) (134%-250%)

- Individuals earning \$15,856 to \$28,725/year
- Family of 4 earning \$32,499 to \$58,875/year

Coverage Options by Income

Citation: The Center for Public Policy Priorities (www.cppp.org)

Family Income ↑

>\$92,200 for a family
of four;
>400% of FPL

- Job-based coverage, or
- Full-cost coverage in the exchange

\$65,150-\$92,200;
300-400% of FPL

- Job-based coverage, or
- Subsidized exchange coverage: premiums capped at **9.5%** of income

\$46,100-\$69,150;
200-300% of FPL

- Job-based coverage, or
- Subsidized exchange coverage: premiums and copays to 250%

\$30,657-\$46,100;
133-200/250% of FPL

CHP+

- Job-based coverage, or
- Subsidized exchange coverage: premiums and copays

<\$30,657 for a family
of four;
< 133% FPL

Medicaid

Medicaid

Children and pregnant women

Adults

(non-disabled adults, not eligible for Medicare)



Employer Requirements

The Affordable Care Act does not include an employer mandate.

In 2014, the Affordable Care Act requires large employers (with at least 50 full-time equivalent) to pay a penalty if one or more of their full-time employees obtains a premium credit through an exchange.

Who is a “Full-Time” Employee?

- A full-time employee is an employee who was employed on average at least 30 hours per week, which the proposed regulations equate to 130 hours per month.



ACA and attendant care

Who is an “Employee” for Purposes of ACA?

- The IRS will use the common law standard to define an employee. Generally, an employee is someone performing services for the employer where the employer controls what will be done, and how it will be done.

Consumer directed services allows the individual or authorized representative to direct and control whom, how, and when services are provided. PPL is the fiscal agent for consumer directed services.



Questions

